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Ethnic-Related Stressors in the War Zone: Case Studies of Asian American Vietnam Veterans

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Empirical research has shown that exposure to race-related stressors in the military by Asian American Pacific Islander Vietnam veterans, now reliably measurable, contributes uniquely and significantly to post-traumatic stress disorder (PTSD) symptoms and generalized psychiatric distress; moreover, studies reveal that adverse race-related events can meet Diagnostic and Statistical Manual of Mental Disorders-IV criteria for a PTSD diagnosis. Competence in treating PTSD or general psychiatric distress requires understanding the types of, and effects of, adverse race-related events experienced by ethnic minority veterans. Case studies highlight two types of race-related stressors—"bicultural identification and conflict" and "racial stigmatization"—which placed the veteran at greater risk of death and reduced cohesion with fellow service members. The studies demonstrate the presence of race-related stressors in one or more of the four major types of war zone stressors: traditional combat, atrocities-abusive violence, perceived threat, and malevolent environment. These case studies supplement the empirical findings on race-related stressors and PTSD, enlarging the clinician's understanding of this unique type of mental health risk factor.

Introduction

In war, ethnic minority military personnel who are the same race as the enemy can face ethnic- or race-related stresses or trauma in addition to the stresses of combat. Service providers at Veterans Affairs (VA) and other medical centers that provide mental health services to veterans may not fully understand the nature of such ethnic-related stressors, thereby preventing a full assessment or treatment of psychiatric sequelae related to traumatic adverse race-related events to which veterans may have been exposed. In this article, we review empirical findings that reveal how adverse race-related events in the military can meet criteria for PTSD, and how race-related stressors are significantly related to symptoms of PTSD or general psychiatric distress. Two case studies highlight ways in which Asian American Pacific Islander Vietnam (AAPI) veterans may have faced unique ethnic-related stressors in the Vietnam War. These experiences are shown to fall into one or more of the four major

types of war zone stressors delineated by King et al.¹ in their analysis of data from the National Vietnam Veterans Readjustment Study.²

Clinical case studies or small surveys of AAPI combat veterans have enlarged our knowledge of adverse race-related experiences in the military.³⁻⁸ However, they have not linked adverse race-related experiences to one or more of the major war zone stressors found by King et al.: (a) traditional combat, (b) atrocities-abusive violence, (c) perceived threat, and (d) malevolent environment.¹ These stressors have been defined as follows. Traditional combat is defined as "reports of events or circumstances that would be considered observable stereotypical combat-related experiences," including the act of firing a weapon or witnessing fellow soldiers' dead bodies. Atrocities-abusive violence is defined as markedly deviant war-related experiences that go beyond what most would regard as the "normal" expectations of warfare, as in those that might be regarded as "grotesque" or that "raise questions of morality" such as experiences with witnessing or participating in terrorizing, wounding, or killing civilians or the mutilation of enemy or civilian bodies. Perceived threat is defined as "personal judgments or individual assessments of events or circumstances as potentially threatening or harmful," with typical experiences including events in which the soldier believes there is danger of being killed or wounded. Finally, malevolent environment is defined as "events or circumstances representing repeated or day-to-day irritations and pressures related to life in the Vietnam War zone," incorporating experiences that were "bothersome and aggravating living conditions that accumulate to the point of causing personal distress and creating a sense of futility, helplessness, or emotional emptiness."¹

"Race-related stressors" experienced by AAPI veterans can include: (a) racial stigmatization and exclusion by fellow comrades in arms (which can reduce a soldier's sense of belonging and increase the threat of death); (b) bicultural conflict arising from being forced through military conditioning to acquire a behavioral repertoire that had an emotional-motivational component, language-cognitive labeling component, and sensory-motor response component which contradicted the veteran's premilitary repertoire related to Asians; (c) racial or cultural identification with the Vietnamese culture, setting, or people, which made dehumanization of the enemy difficult; and (d) life-threatening experiences of being mistaken for the enemy, which could lead to symptoms of hypervigilance and physiological arousal.⁵

Race-related stressors were measured by the Race-Related Stressor Scale (RRSS), a 33-item scale with high internal consistency and adequate temporal stability—the first empirically validated instrument to assess race-related stressors among AAPI

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veterans.⁹ Factor analyses of the RRSS items revealed three factors, two of which are relevant to the case studies presented; these two factors are "racial stigmatization" and "bicultural identification and conflict." "Racial stigmatization" is defined as direct, personal experiences in which one perceived that one has been discriminated against or excluded by virtue of race, or subjected to denigration, harassment, dehumanization, or stigmatization on the basis of race. "Bicultural identification and conflict" is defined as the experience of identifying with the Vietnamese people or culture, which is proposed to conflict psychologically with military conditioning to dehumanize the enemy."⁹

In a multisite study—the Asian American Vietnam Veterans Race-Related Study (AVRS)—data analysis of 300 AAPI veterans revealed that exposure to race-related stressors accounted for a significant proportion of the variance in PTSD symptoms and general psychiatric symptoms, over and above (by 20% and 19%, respectively) that accounted for by combat exposure and military rank.⁹ Significant relationships were found between the RRSS and measures of combat exposure, generalized psychiatric symptoms, PTSD symptoms, and the PTSD diagnostic cutoff score on the Mississippi Scale for Combat-Related PTSD. Race-related stressors were found to be a significant risk factor for PTSD. Further analyses revealed that adverse race-related events can give rise to symptoms that meet the criteria for a PTSD diagnosis as specified in the Diagnostic and Statistical Manual of Mental Disorders-IV.¹⁰

These two case studies were taken from interviews of participants of the AVRS study who had been exposed to adverse race-related events and who were asked to describe up to two of the worst race-related experiences they had experienced. Interviews were audiotaped with the participants' written approval, then transcribed. All study procedures and instruments were reviewed, approved, and monitored by an institutional review board.

Case 1

A 50-year-old Chamorro (native of Guam) veteran was drafted into the U.S. Army at age 18 and served two tours (1966–1968, 1971–1972). He was an E-4 and served in the artillery, stationed in the field, or on tactical military operations. He was short, dark-skinned, with dark hair and Asian features. His descriptions of experienced anxiety associated with looking like the enemy appear to fit the war zone stressor categories of "traditional combat" and "perceived threat." The veteran had been seen at the Guam VA Center and, after several years, received 100% VA service-connected disability for PTSD. He described the race-related events he experienced:

"And here you look like one of them [the Vietcong], and how do you think it feels? Some of those shots that I was receiving were coming from different sides. You know where the friendlies are, and I don't think I was getting sniper fire. I'm pretty sure some of those new guys . . . You don't want to expose your face or even your figure because, being short and skinny with a face like the enemy, you get shot at . . . You have fear from both the Americans and the enemy."

This soldier feared that the reactions of Vietnamese civilians to him—as an Asian-looking male—placed him at risk of being

shot by American soldiers who would question his loyalty or mistake him for a Vietnamese enemy combatant.

"When American troops hit a village, and the civilians are being chased and shot, sometimes I have to not be there because they will think that I am one of those interpreters. They [the Vietnamese] look at me, and I'm short, and the first thing they say is 'same same Vietnamese,' and I don't want that. You don't want to hear that. Hey, holy moly! I mean, holy sh__, don't be running to me . . . It made me uncomfortable because . . . in training I was taught they [Vietnamese] were bad people and that made me feel like: 'No, no, no! I am not like the Vietnamese! I'm not one of you!' It gets me because they [other Americans] hear that, and your life is on the line when they say 'same same Vietnamese.' That's all you need is for one [American] guy to hear that, and he can just open up [shoot] with whatever and if that guy runs over to me, he can just shoot that guy and get me too. When I hear or feel that 'same same Vietnamese,' don't be running over to me!"

In a near death encounter, this AAPI was mistaken as a collaborator. As the radio operator for artillery, he got to know a Kit Carson scout (Chieu Hoi), a North Vietnamese Army defector who was assigned to his infantry unit. His relationship to this individual spanned cultural similarity ("I wanted to find out if he ate the same as I ate, rice and tuna with whatever") and military operations ("I wanted him to fill me in on how the Vietcong moved and operated"). However, when his unit was hit by North Vietnamese fire, the Commanding Officer suspected that the Kit Carson had collaborated with the enemy, and by association, the Chamorro was similarly suspected.

"They put us on a Huey helicopter and took our weapons. They took my weapon. They took my identification card. They didn't tell us to put on the [safety] strap. I wondered why did they take my weapons away from me? I got on the chopper and when we took off, the Kit Carson scout was being pushed. They grabbed the guy and pushed him out. The guy was sitting right next to me and they pushed him out! Then I was struggling with the crewmember and I fell out too. I landed in a tree . . . a branch hooked to my flack vest . . . I was terrified . . . it felt like a nightmare. I didn't know where I was. I was very scared."

This veteran described his fear that the Americans would mistake him for a Vietnamese, shoot him, or that the Vietcong would capture him, mistake him for a Chieu Hoi, and mutilate him. These race-related experiences appear to fit best within the race-related stressor category of "racial stigmatization."

Case 2

The second case involves a 55-year-old Filipino-Chinese-Hawaiian Vietnam veteran who enlisted in the U.S. Army at age 22. As an E-5, he was assigned to long-range reconnaissance patrol and served two tours (1964–1967). This AAPI had a 100% VA disability rating. He had received Purple Hearts after having sustained two gunshot wounds in combat. Assigned to long-range reconnaissance patrol with Special Forces, this veteran describes a traumatic event that occurred a few months after he arrived in Vietnam, which is exemplary of "bicultural identifica-

tion and conflict." These events appear to fit within the war zone stressor categories of traditional combat, atrocities-abusive violence, perceived threat, and malevolent environment.

"When we captured the village, there were a lot of prisoners taken. Our unit commander . . . needed intelligence . . . that was my first experience seeing people being tortured. They were drowning them in buckets of water, sticking their heads in buckets of water, strangling some of them. Some of them they were burning them with torches. The Vietnamese (NVA) officers, they were electrocuting them with field telephones. It was a multiple way of torturing that was going on. Anyway, I was sitting down, kind of in a state of shock watching everything, trying to eat, but I couldn't stomach no food. Then I see them drag this one guy out of the pit. This guy was like half-French, half Vietnamese. And for some reason, he looked like a local boy. To my horror, he almost looked like my kid brother. And they were burning him under the armpits and on the base of his foot with the torch. The sight of it and the resemblance he had to my brother just sent me into a different world. It was like I went into a state of shock, and without thinking, I got up and . . . and pushed the guy that was burning him with the torch on the side. The commander and a bunch of sergeants got up and jumped me . . . The company commander . . . was so infuriated by what I was doing . . . The other guys shoved me to the side and he stuck an M-16 to my face and threatened to blow me away if I didn't get back where I was and shut my mouth and just watch it. After the incident, I had a lot of problems with the guys in the unit. There were a lot of fights after that. They started calling me a 'gook lover.' Anyway, I watched the guy die. They tortured him till he couldn't take it. Then they took him behind the banana patch and blew his brains out. I never was the same after that . . . Till the day I die, I'll never forget the smell of it and the screaming, you know, the feeling of it and everything. I think that's when I first tried drugs in Vietnam. That's when I first smoked marijuana after that incident."

Race-related stressors of "bicultural identification and conflict" and "racial stigmatization" are experienced in a "traditional combat" situation (e.g., firefight and intelligence gathering) where "atrocious/abusive violence" is used as a method of torture to obtain information from Vietnamese prisoners of war. The resemblance of one of the prisoners of war to a "local boy" (an AAPI in Hawaii), and then to his younger brother, led to "perceived threat" when he was threatened with death by the company commander. The incident also reflects a "malevolent environment" when the veteran was subjected to racial slurs associating him with the enemy, which led to physical altercations.

The veteran reported how he had not spoken of this incident for 15 years and its affect on him:

"I couldn't talk about this. Ever since then, I've trusted no one nor believed that anyone was good . . . it was hard for a lot of the local guys [from Hawaii], not only me . . . I was transformed from a simple island boy into a demon, a monster. That accounts for the second tour of duty. Beginning to have fun, enjoy killing. After coming home from the

war, I slept under the bed with a 45. My mother thought I was out of my mind. 'Son, what's wrong with you?' I wouldn't talk to her. My parents got scared. 'Who is this guy? I don't know who he is.' And me, I'm all enraged. They'd call the cops. 'My son, he's violent. He's vicious.' The [local] guys who went to war with me, 11 of us rented a place in Kailua. Got all the windows closed. Got guns. Huddling together in the corner."

Reflecting on his current state, he notes: "Right now, I know where I am. I have a feeling of safety. But I still have this sadness in me, remembering."

Discussion

The two veterans whose cases were summarized received 100% VA service-connected disability. Their compelling experiences serve as important illustrations of existing empirical findings on race-related stressors in the war and adverse race-related events, demonstrating types of adverse race-related events that can be experienced by AAPI veterans in the war. They explicate how "racial stigmatization" and "bicultural identification and conflict" can play a role in psychiatric sequelae and demonstrate how adverse race-related events can fall within one or more of the major categories of war zone stresses. Adverse race-related events are not isolated incidents but instead can be significant stressors of war for ethnic minority veterans of the same race as the enemy. Case studies, concurrent with empirical findings on the significant relationship between race-related stressors and PTSD and general psychiatric distress, strongly suggest that adverse war experiences of AAPI veterans that are ethnically related can significantly affect veterans' mental health. Accordingly, it is imperative that VA mental health services implement programs of treatment for psychiatric sequelae of race-related stress and PTSD, with a group treatment modality being one model.¹¹

Research findings and clinical case studies make clear that for those who evaluate or treat AAPI war veterans, it is critical that the clinician or evaluator explore the possibility that the veteran may have experienced adverse race- or ethnicity-related events during their military service, which may be associated with significant adverse psychiatric effects. It is important that this unique type of mental health risk factor be understood. It is also critical that the Department of VA implement appropriate procedures to assess and treat this newly revealed condition. In a guerrilla war when military personnel have difficulty discerning "friend from foe," military personnel and health care providers need to be vigilant to the possibility that military personnel who physically resemble the enemy can be significantly and adversely affected by adverse race-related events in the military.

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